

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049718

1. Entity Name
99 CENT CITY, INC.

f

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90018 022 ***150.00

Principal Place of Business
4204 6-B NORTH LAKE BLVD.
PALM BEACH GARDENS FL 33410

Mailing Address
4204 6-B NORTH LAKE BLVD.
PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0748351

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHALOM, ILAN
4204 6-B NORTH LAKE BLVD.
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SHALOM, ILAN
STREET ADDRESS 4204 6-B NORTH LAKE BLVD.
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00

Date

561 736 8086

Daytime Phone #

CR2E034 (5/00)

Doc# P97000049718

PAUL METZKES, CPA, P.A.

B0103658

CERTIFIED PUBLIC ACCOUNTANT AND CONSULTANT
3750 Coelebs Avenue, Boynton Beach, FL 33436
Tel (561) 736-9086 Fax (561) 732-4938

July 24, 2000

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

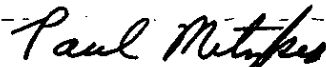
RE: 99 Cent City, Inc.
P97000049718

Dear Sir or Madam,

Enclosed, please find payment for the annual report on 99 Cent City, Inc. They never received their first notice and were told that another would be sent and the additional penalty would be waived. The person in your office indicated that a memo would be entered in you computer regarding this issue.

Thank you for your assistance. If you have any questions, please do not hesitate to call our office.

Sincerely,



Paul Metzkes, CPA